

IFW

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/715 909	
	Filing Date	11/18/2003	
	First Named Inventor	Karen Lee Metzger et al.	
	Art Unit	2872	
	Examiner Name	Lee, Y My Quach	
Total Number of Pages in This Submission	12	Attorney Docket Number	02-111

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Statement regarding Inventorship
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Certificate under 37 CFR 3.73(b)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Supplemental ADS
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Bohan, Mathers & Associates, LLC		
Signature	<i>Patricia M. Mathers</i>		
Date	November 16, 2004		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Peter J. Somerville		
Signature	<i>Peter J. Somerville</i>	Date	November 16, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Received Time Apr. 13. 10:51AM

PTO/SB/01A (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☐ The attached application, or
- ☒ Application No. 10/715 909, filed on 11/18/2003,
- ☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above:

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that those statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: Karen Lee Metzger

Signature: _____ Citizen of: US

Inventor two: Kathryn L. Mullins

Signature: _____ Citizen of: US

Inventor three: Lisa J. Paquet

Signature: _____ Citizen of: US

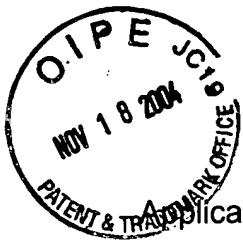
Inventor four: John D. Karp

Signature: [Signature] Citizen of: US

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/715909 Confirm. No.: 2534
Filing Date: 11/18/2003
Inventor: Karen Lee Metzger et al.
Title: VIEWING APPARATUS
Art Unit: 2872
Examiner: LEE, Y My Quach
Attorney Docket No.: 02111

To:
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Correction of Inventorship Pursuant to 37 C.F.R. § 1.48(a)

Dear Sir:

When the above-cited application was filed, one of the co-inventors was inadvertently omitted from the Declaration. Applicant requests herewith that the inventorship be amended. Enclosed are a Declaration and a statement from the omitted inventor that the omission occurred without any deceptive intention.

Also enclosed is a Supplemental Application Data Sheet that incorporates information on the omitted inventor and also on an assignee.

Respectfully submitted,

Patricia M. Mathers
Attorney for Applicants
Reg. No. 44,906
Bohan, Mathers & Associates, LLC
P. O. Box 17707
Portland, ME 04112-8707
(207) 773-3132

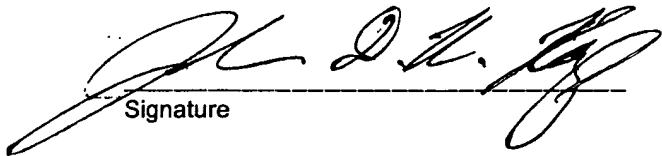
Date: November 16, 2004

Enclosed:
Declaration
Statement
Suppl. ADS



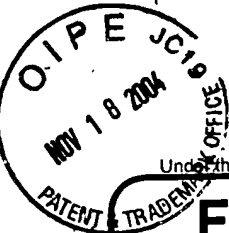
STATEMENT REGARDING INVENTORSHIP OF
PATENT APPLICATION 10/715,909

I, John D. K. Karp, do hereby state that the error in inventorship in the utility patent application 10/715,909, filing date Nov. 18, 2003, occurred without any deceptive intention on my part.

 5/16/04
Signature Date

To the best of my knowledge and belief, this copy is a true copy of the original document.

 11/10/2004
Patricia M. Mathers, Attorney of Record



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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 130.00

Complete if Known

Application Number	10/715 909
Filing Date	11/18/2003
First Named Inventor	Karen Lee Metzger et al.
Examiner Name	Lee, Y My Quach
Art Unit	2872
Attorney Docket No.	02-111

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number: 501517
Deposit Account Name: Bohan, Mathers & Associates

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims		Extra Claims		Fee from below		Fee Paid
Independent		-20** =		X		
Multiple Dependent		-3** =		X		

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	130.00
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 130.00

SUBMITTED BY

Name (Print/Type)	Patricia M. Mathers	Registration No. (Attorney/Agent)	44,906	Telephone	207-773-3132
Signature	Patricia M. Mathers	Date	November 16, 2004		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/715,909
Filing Date	11/18/2003
First Named Inventor	Karen Lee Metzger
Title	Viewing Apparatus
Group Art Unit	2872
Examiner Name	LEE, Y My Quach
Attorney Docket Number	02-111

I hereby appoint:

☒ Practitioners at Customer Number

24124

Place Customer
Number Bar Code
Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

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☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Karen Lee Metzger, President & CEO

Signature

Karen Lee Metzger

Date

November 13, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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CERTIFICATE UNDER 37 CFR 3.73(b)

Applicant: Metzger, Karen Lee, et al.

Application No.: 10/715,909 Filed: 11/18/2003

Entitled: VIEWING APPARATUS

Precision Medical Technology, LLC, a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

certifies that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of an undivided part interest

in the patent application identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application identified above. The assignment was recorded in the Patent and Trademark Office at Reel 014521, Frame 0599, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

The undersigned (whose title is supplied below) is empowered to sign this certificate on behalf of the assignee.

November 13, 2004
Date

Karen Lee Metzger
Signature

Karen Lee Metzger

Typed or printed name

President / CEO

Title



Supplemental Application Data Sheet

Application Information

Application number::	10/715,909
Filing Date::	11/18/2003
Suggested classification::	
Suggested Group Art Unit::	<u>2872</u>
Title::	Viewing Apparatus
Attorney Docket Number::	02-111
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	5
Small Entity::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Karen
Middle Name::	Lee
Family Name::	Metzger
Name Suffix::	
City of Residence::	Falmouth
State or Province of Residence::	ME
Country of Residence::	US
Street of mailing address::	21 Hedgerow Drive
City of mailing address::	Falmouth

State or Province of mailing address::	ME
Country of mailing address::	US
Postal or Zip Code of mailing address::	04105
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Kathryn
Middle Name::	L.
Family Name::	Mullins
Name Suffix::	
City of Residence::	Cape Neddick
State or Province of Residence::	ME
Country of Residence::	US
Street of mailing address::	158 Logging Road
City of mailing address::	Cape Neddick
State or Province of mailing address::	ME
Country of mailing address::	US
Postal or Zip Code of mailing address::	03902
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Lisa
Middle Name::	J.
Family Name::	Paquet
Name Suffix::	
City of Residence::	Biddeford
State or Province of Residence::	ME
Country of Residence::	US
Street of mailing address::	276 Hill Street

City of mailing address::	Falmouth
State or Province of mailing address::	ME
Country of mailing address::	US
Postal or Zip Code of mailing address::	04005
Applicant Authority Type::	<u>Inventor</u>
Primary Citizenship Country::	<u>US</u>
Status::	<u>Full Capacity</u>
Given Name::	<u>John</u>
Middle Name::	<u>D.K.</u>
Family Name::	<u>Karp</u>
Name Suffix::	
City of Residence::	<u>Freeport</u>
State or Province of Residence::	<u>Maine</u>
Country of Residence::	<u>US</u>
Street of mailing address::	<u>260 Lower Flying Point Road</u>
City of mailing address::	<u>Freeport</u>
State or Province of mailing address::	<u>Maine</u>
Country of mailing address::	<u>US</u>
Postal or Zip Code of mailing address::	<u>04032</u>

Correspondence Information

Correspondence Customer Number::	24124
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Representative Information

Representative Customer Number::	24124
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	<i>An application claiming the benefit under 35 USC 119(e)</i>	60/427,432	11/19/2002

Assignee Information

Assignee name::	<u>PRECISION MEDICAL TECHNOLOGY, LLC</u>
Street of mailing address::	<u>158 LOGGING ROAD</u>
City of mailing address::	<u>CAPE NEDDICK</u>
State or Province of mailing address::	<u>MAINE</u>
Country of mailing address::	<u>US</u>
Postal or Zip Code of mailing address::	<u>03902</u>